

• UNIVERSAL Rx •

**GLIDEWELL
LABORATORIES**

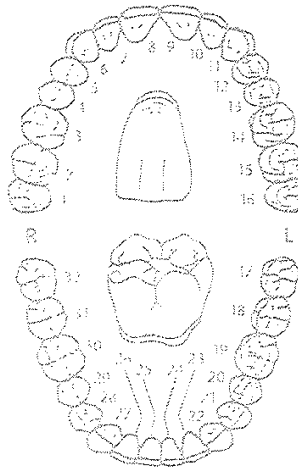
4141 MacArthur Blvd. • Newport Beach, CA 92660

800-854-7256 • Fax 800-599-9564

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

Address/E-mail _____ Deliver by 5 p.m. on _____

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____☐ Check here to manufacture
ceramics or full-cast using CAD/CAM**IF NO OCCLUSAL CLEARANCE**

- ☐ Call doctor ☐ Spot opposing
☐ Metal occlusion ☐ Metal island
☐ Make this a permanent note in
my master file

Signature _____ License # _____
(see reverse for limited warranty details)**DENTURES/FLEXIBLE PARTIALS**

- ☐ Flipper ☐ Denture ☐ Valplast ☐ tcs ☐ Dupe denture
☐ Custom tray ☐ Occlusion rim ☐ Wax setup try-in ☐ Finish

☐ Name on appliance _____
(Additional charge)

Tooth setup ☐ Ideal ☐ Characterized ☐ Study model
☐ Male ☐ Female Age _____

Acrylic shade: ☐ Ethnic: Lt ☐ Med ☐ Dk ☐
Acrylic tabs available: G1 (standard) G2 G3 G4

☐ Kenson Teeth (included at no extra charge)

Shade _____ Mould _____

☐ Premium Brand Teeth (extra charge applies)

Shade _____ Brand _____ Mould _____

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VITALLIUM METAL PARTIALS

- ☐ Vitallium 2000* ☐ Vitallium 2000 Plus ☐ tcs/Vitallium ☐ Valplast/Vitallium
☐ Titanium ☐ Wironium ☐ tcs/Wironium ☐ Lab select complete design
☐ Frame try-in ☐ Frame w/occlus. rim ☐ Frame w/setup try-in ☐ Finish

MAJOR CONNECTOR

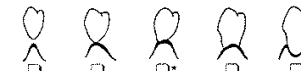
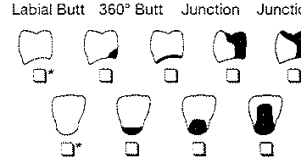
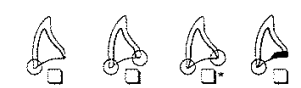
- | Maxillary | Mandibular | Clasp Options | Tooth # |
|-------------------------------------|-------------------------------------|---|---------|
| <input type="checkbox"/> Lab select | <input type="checkbox"/> Lab select | <input type="checkbox"/> Lab select | _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Metal | _____ |
| Rest Areas | Tooth # | <input type="checkbox"/> Esthetic clasp | _____ |
| <input type="checkbox"/> Lab select | _____ | <input type="checkbox"/> Thermoflex | _____ |
| <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> _____ | _____ |

CROWN & PARTIAL COMBINATION CASES

- ☐ Future Partial: ☐ Vitallium ☐ Valplast ☐ tcs ☐ Attachments
☐ Fabricate RPD to fit restoration

FINAL CERAMIC SHADE**PRESENT TOOTH OR STUMP SHADE****OCCLUSAL STAINING**

- ☐ None ☐ Light* ☐ Medium ☐ Dark

PONTIC DESIGN**MARGIN AND METAL DESIGN****PORCELAIN FUSED TO METAL**

- ☐ Non-Precious* ☐ Noble ☐ WHN
☐ Captek YHN ☐ OcclusalGold YHN

FULL-CAST RESTORATIONS

- ☐ Noble-Cast 45 YN (40% Au) ☐ Non-Precious
☐ Noble-Cast 60YHN (57.5% Au)* ☐ White Noble
☐ Noble-Cast 67 YHN (64% Au) ☐ WHN (45% Au)
☐ OcclusalGold YHN (73.8% Au) ☐ Post & Core
☐ JRVY YHN (77% Au)

ZIRCONIA RESTORATIONS

- ☐ BruxZir Solid Zirconia ☐ Prismatic CZ*
☐ Lava ☐ NobelProcera Zirconia

ALL-CERAMIC RESTORATIONS

- ☐ IPS e.max CAD* (Posterior) ☐ IPS e.max veneer
☐ IPS e.max Press* (Anterior)
☐ Vivaneers No-Prep Veneers* ☐ IPS Empress
Indicate stump or present tooth shade for all-ceramics

INCLUSIVE CUSTOM ABUTMENTS

- ☐ Titanium* ☐ Zirconia w/ Ti-Insert ☐ All-Zirconia
Specify implant system, brand and diameter on Rx

COMPOSITE RESTORATIONS

- ☐ Composite ☐ Fiber Reinforcement

NIGHTGUARDS/BITE SPLINTS

- ☐ Upper ☐ Lower

- ☐ Comfort H/S (hard/soft)* ☐ Comfort (hard)
☐ Semi-Hard EVA ☐ Soft EVA
☐ Astron CLEARsplint ☐ Processed Acrylic

SNORING/SLEEP APNEA APPLIANCES

- Upper and lower models with protrusive bite required
☐ Silent Nite si* ☐ TAP ☐ TAP 3 ☐ EMA

PLAYSAFE MOUTHGUARDS

- ☐ Jr ☐ Lt ☐ Lt Pro ☐ Med* ☐ Hvy ☐ Hvy Pro
☐ Helmet Strap ☐ Specify color(s) on Rx
☐ Name _____

LABORATORY USE ONLY

By _____ Mail _____

*Standard unless specified otherwise

GL-421-1011

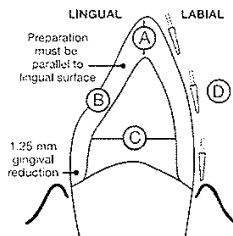
IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available on most products but must be prescheduled (see below).

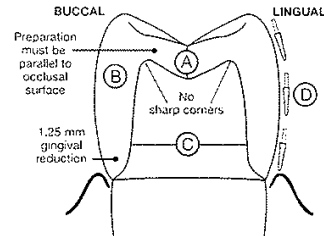
IN-LAB WORKING TIMES

PFMs/Diagnostic Wax-Up	5 days	Partials & Dentures	
PFMs w/ attachments	7 days	Frames	5 days
Inclusive Custom Abutments	8 days	Frame with teeth and wax	9 days
All-ceramic/Zirconia restorations	5 days	Partial to completion	9 days
NobelProcera Zirconia	8 days	Occlusion rims	2 days
Full-cast restorations	4 days	Custom tray	2 days
Composite restorations	3 days	Setup try-in	5 days
Fiber-reinforced composites	5 days	After setup try-in to finish	6 days
BioTemps Provisionals	5 days	Denture soft liner	3 days
With cast-metal substructure	6 days	Valplast/tcs setup teeth in wax	5 days
With cast-metal substructure over implant ..	6 days	Valplast/tcs start to completion	7 days
Screw-retained over implant	6 days	PlaySafe mouthguards/Silent Nite sl	4 days
Smile Transitions appliance	5 days	TAP/TAP 3/EMA	5 days
Transition Crowns & Bridges	6 days	Comfort H/S Bite Splint	4 days
		Nightguards/Bleach trays/Custom trays ...	4 days

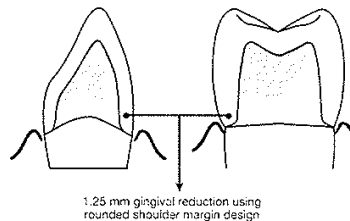
All rush cases must be prescheduled by calling 800-944-7874 before the case is shipped.
Time of pickup and delivery may affect turnaround time.

PREPARATION GUIDELINES**PFM ANTERIOR**

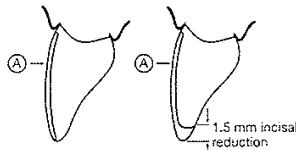
- A. 2.0 mm incisal reduction
B. 1.5 mm middle third reduction
C. Labial and lingual walls must be convergent
D. Preparation should be cut in three planes

PFM POSTERIOR

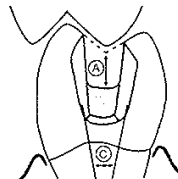
- A. 2.0 mm occlusal reduction
B. 1.5 mm middle third reduction
C. Buccal and lingual walls must be convergent
D. Preparation should be cut in three planes

**PFM — PORCELAIN
LABIAL OR 360° MARGIN**

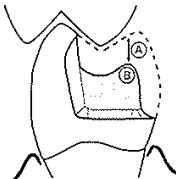
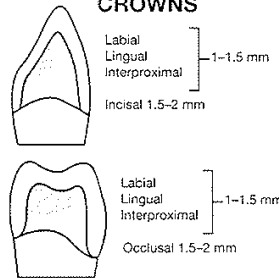
1.25 mm gingival reduction using rounded shoulder margin design

**ALL-CERAMIC/COMPOSITE
VENEERS**

- A. 0.3 to 1.0 mm labial reduction

INLAY

- A. 1.5 to 2 mm occlusal reduction
B. Round all sharp line angles, occlusal edges and eliminate undercuts.
C. Proximal and occlusal walls should have 6-8 degrees taper.

ONLAY**ALL-CERAMIC/COMPOSITE
CROWNS****TERMS AND WARRANTY INFORMATION**

Only \$7 shipping per box EACH way (Contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Glidewell Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and **MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) porcelain to metal, all porcelain, all metal, single-unit inlay, onlay and crown composite resin final prosthetics (excluding mutually opposing implant-supported full arch bridges), milled implant bars, and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to seven years; (2) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (3) Transition Crowns and Bridges® up to two years; (4) dentures and partials including screw-retained dentures but excluding immediate dentures and partials up to one year if the failure is due to defects in materials or workmanship; (5) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (6) Smile Transitions™ cosmetic appliances up to sixty days; (7) immediate dentures and partials, flippers, retainers, surgical and radiographic guides, and all other dental devices up to thirty days if the failure is due to defects in materials or workmanship. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab **WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL,** regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers.

**FOR LAB USE ONLY
TELEPHONE CALL RECORD**

DR. _____ ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____